

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

POSITION DUTY STATEMENT - General

☐ PROPOSED☒ CURRENT

CDCR INSTITUTION OR HEADQUARTERS PROGRAM California Medical Facility		POSITION NUMBER (Agency-Unit-Class-Serial) 076-216-5157-XXX		MCR / HCR	
DIVISION / UNIT CMF / Business Services / Plant Operations		CLASSIFICATION TITLE Analyst I			
		WORKING TITLE Analyst I			
		TIME BASE / TENURE FT/P	CBID R01	WWG 2	COI Yes ☐ No ☒
LOCATION Solano County		INCUMBENT		EFFECTIVE DATE	
CDCR'S MISSION, VISION and COMMITMENT					
Mission To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment. Vision We enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs. Commitment CDCR and CCHCS are committed to transforming the correctional landscape to create safer, more professional, and more fulfilling environments for our employees, the incarcerated population, and those supervised in our communities. Through systemwide improvements grounded in proven and emerging practices, we aim to strengthen rehabilitation, enhance workplace satisfaction, and support successful reentry into the community through our institutions, parole, and community partnerships. Our shared mission is to promote safety, wellness, and human dignity while fostering positive change for all those who live and work within our institutions and communities. CDCR and CCHCS are committed to building an inclusive respectful workplace. We are determined to attract and hire candidates from all communities and empower employees from a variety of backgrounds, perspectives, and personal experiences. We are proud to foster inclusion and drive collaborative efforts at all levels of the Department.					
DIVISION OVERVIEW					
BRIEFLY DESCRIBE THE DIVISION/UNIT FUNCTIONS The Analyst I is responsible for practices, policies and procedures established by the Department.					
GENERAL STATEMENT					
BRIEFLY (1 OR 2 sentences) DESCRIBE THE POSITION'S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS Under the general supervision of the Correctional Plant Manager, the Analyst I is responsible for but not limited to the following: various technical assignments related to the documentation of the automated preventive maintenance system TRIRIGA. Collects statistics and conducts analysis for a variety of reports, programs and prepares same as well as monthly and quarterly reports for headquarters					

% of time performing duties	Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.
40%	Maintain the Institution's work order submittal system, TRIRIGA, and all related reports and spreadsheets. Generate and distribute demand work orders, Preventative Maintenance (PMs) work orders and project work orders for Plant Operations staff. Enter staff time and materials on completed work orders in the TRIRIGA system. Maintain hard field copies of work orders for five years.
35%	Add, track, and maintain records on new buildings and equipment in the TRIRIGA system. Create and generate monthly PMs on all asset equipment and distribute to yard supervisors.
20%	Prepare Plant Operations Monthly (POM) reports, generate monthly data dump, and monthly CompStat reports for headquarters. Generate weekly POM and CompStat reports for local management.
5%	Attend in/out service training and perform other job-related duties as required.

SPECIAL PERSONAL CHARACTERISTICS

- Influence, change, and strengthen the community. Set an example each day through positive and pro-social role modeling, utilizing dynamic security concepts through observation and building rapport.
- Willingness to play a significant role in the collaborative efforts toward rehabilitation and public safety enhancement.
- Ability to facilitate conversations as a coach and mentor, engaging in a respectful and understanding manner.
- Ability to build trust, improve communication, and assist with the transformation of correctional culture.

SPECIAL REQUIREMENTS

- CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy, and all incarcerated people, visitors, non-employees, and employees shall be made aware of this.

CONSEQUENCE OF ERROR

- Example: Consequences of error may result in loss of time and could cause significant delays in program production. Such delays can result in inefficient use or misdirection of department resources resulting in the inability to meet efficiency and timeline goals, and varying degrees of negative financial impacts to the department.

To be reviewed and signed by the supervisor and employee:

EMPLOYEE'S STATEMENT:

- *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.*

EMPLOYEE'S NAME (Print)	EMPLOYEE'S SIGNATURE	DATE
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SUPERVISOR'S STATEMENT:

- *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION*
- *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.*

SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	DATE
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CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

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☐ PROPOSED☒ CURRENT

CDCR INSTITUTION OR HEADQUARTERS PROGRAM California Medical Facility		POSITION NUMBER (Agency-Unit-Class-Serial) 076-216-5393-XXX		MCR / HCR	
DIVISION / UNIT CMF / Business Services / Plant Operations		CLASSIFICATION TITLE Analyst II			
		WORKING TITLE Analyst II			
		TIME BASE / TENURE FT/P	CBID R01	WWG 2	COI Yes ☐ No ☒
LOCATION Solano County		INCUMBENT		EFFECTIVE DATE	
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076-216-5393-XXX

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EMPLOYEE'S STATEMENT:		
<i>I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.</i>		
EMPLOYEE'S NAME (Print)	EMPLOYEE'S SIGNATURE	DATE
SUPERVISOR'S STATEMENT:		
<i>I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION</i> <i>I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.</i>		
SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	DATE